

Clinical Decision-Making Approaches Utilized by the Staff Nurses at Selected Hospitals in Aparri, Cagayan

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Date Submitted:

July 14, 2026

Date Accepted:

July 28, 2026

Date Published:

August 14, 2026

DOI:

10.5281/zenodo.21935152

ABSTRACT

Clinical decision-making is the backbone of nursing practice, especially in dynamic environments. This study aimed to assess the clinical decision-making approaches utilized by nurse managers at a selected hospital in Aparri, Cagayan. This study utilized descriptive research design. The respondents of the study were the 70 staff nurses working in different areas of the selected hospitals using total enumeration sampling. The researcher used frequency and percentage distribution, range scores, and Chi-square test in analyzing the data. The findings of the study revealed that the majority of staff nurses were female professionals aged between 31 and 40 years, held bachelor's degrees, and possessed 4 to 6 years of clinical experience. Most were assigned to the morning shift,

primarily worked in general ward settings, and were affiliated with public hospitals. Additionally, staff nurses employed an intuitive interpretive approach to clinical decision-making, relying on experiential knowledge, situational awareness, and clinical judgment, rather than structured, data-driven processes. Furthermore, statistical analysis indicated no significant differences in the decision-making approaches of staff nurses when they are grouped according to demographic and professional profile variables. This suggests that decision-making styles of staff nurses are consistent across diverse staff characteristics. It is recommended that hospital leaders should implement structured clinical decision-making frameworks and professional development programs to help staff nurses integrate data-driven insights.

Keywords: *Nursing practice, Clinical decision-making, staff Nurses.*

INTRODUCTION

Clinical decision-making is at the core of nursing practice. Dynamic practice settings, such as the emergency department or intensive care unit, require an immediate response to the patient by the nurse. Those first on the scene bear the full weight of critical, fast-paced situations. Their clinical judgment and the decisions they make impact the recovery of the patient and the overall quality of care. Those first on the scene bear the full weight of critical, fast-paced situations. Their clinical judgment and the decisions they make impact the recovery of the patient and the overall quality of care. In order to respond, gone beyond clinical practice, nurses develop their situational assessment and prioritization skills while subsisting on a high level of self-regulation and composure.

The decision-making of nurses is also influenced by the environment in which they work. For example, good teamwork, good resources, and a good workplace culture create confidence and improve results. In contrast, poor or limited staffing, large workloads, and limited resources add stress to the decision-making process and cause nurses to depend on their creativity and improvisation more.

Looking at the decision-making patterns of nurses in rural hospitals allows us the opportunity to see the conditions that influence the care of patients. This research is aimed toward determining how nurses in rural hospitals are empowered in their decision-making, and ultimately how this affects positive change in patient care.

METHODS

Research Design

This study utilized a descriptive research design. This design enabled the study to elaborate on and document the staff nurses' clinical decision-making processes within their specific context. This design was the most appropriate for the study because it is useful in situations that require data regarding the behaviors, practices, and perceptions of individuals with the least interference to the existing decision-making processes.

This study employed a descriptive design. Its systematic use enables the identification of existing decision-making processes employed by staff nurses. This design was the most appropriate for the decision-making processes adopted in the particular healthcare setting of the selected hospital in Aparri, Cagayan, which may have unique challenges of a rural healthcare facility.

Descriptive research, in particular, offers a starting point to understand such challenges and lays the groundwork for future improvements or interventions for the clinical decision-making processes. According to Polit and Beck (2021), descriptive research is best used for studies that wish to observe, describe, and document the various aspects of a phenomenon as they naturally occur. This research design is the most appropriate for this study since the primary objective is to document various clinical practices of staff nurses as they are practiced in real-world settings.

Research Locale

Public and private hospitals in Aparri, Cagayan, were the selected sites for this study. Clinical decision-making processes used by staff nurses in rural healthcare facilities and private hospitals are often problematic and are influenced by a variety of factors that are specific to such facilities. Rural healthcare and private hospitals deal with limited medical resources, including advances in medical technology and specialty diagnostic services and support, which in turn impacts the decision-making processes (Wang et al., 2024).

Participants of this study included staff nurses who worked in multiple departments of the selected hospitals and who took the diagnostic test. Staff nurses were chosen for this study because their role in patient care and in the making of clinical decisions was direct.

Sampling Technique

This study examined all 70 staff nurses (40 in the public sector and 30 in the private sector) who had direct experience in the selected hospitals. Because the number of staff nurses in the hospitals was small, the approach used was total enumeration, which meant that all eligible nurses were included in the study. This approach was important to the researcher for the in-depth analysis of the practices of the staff nurses in the context of the study. The researcher was also mindful of the expected response rate. Salatoof and Vontela (2021) suggest that a response rate of 50% is typically sufficient, for analysis and report writing, in social sciences and health care-related studies.

RESULTS AND DISCUSSION

Profile of the Staff Nurses

Table 1 presents the demographic profile of the staff nurses in terms of their age, sex, highest educational attainment, years of experience, work shift, area of assignment, and hospital affiliation.

Table 1. *Distribution of the Staff Nurses According to their Demographic Profile*

Age	Frequency	Percentage
21-30 years old	7	10.0
31-40 years old	42	60.0
41-50 years old	17	24.3
51 years old and above	4	5.7
Total	70	100
Sex	Frequency	Percentage
Male	25	35.7
Female	45	64.3
Total	70	100
Highest Educational Attainment	Frequency	Percentage
Bachelor's Degree	54	77.1
Post Graduate	16	22.9
Total	70	100
Years of Experience	Frequency	Percentage
1-3	5	7.1
4-6	39	55.7
7-9	10	14.3
10 years and above	16	22.9
Total	70	100
Work Shift	Frequency	Percentage
AM	43	61.4
PM	27	38.6
Total	70	100
Area of Assignment	Frequency	Percentage
ER	12	17.1
OR	10	14.3
DR	7	10.0
General Ward	23	32.9
Medical Ward	10	14.3
OPD	8	11.4
Total	70	100
Hospital Affiliation	Frequency	Percentage
Public	40	57.1
Private	30	42.9
Total	70	100

Table 1 depicts that majority of the staff nurse respondents were aged between 31-40 years (60.0%) female (64.3%) and holding a Bachelor's degree (77.1%) and 4-6 years of experience (55.7%), on AM shift (61.4%) and mostly assigned in General Ward (32.9%) and from a public hospital (57.1%). These data imply that respondents mostly have professional maturity, belong to the female gender, possess suitable qualifications and clinical experiences, and are mostly assigned in general patient-care areas of public health facilities.

Clinical Decision-Making Approaches Utilized by the Staff Nurses

Table 2. *Distribution of the Clinical Decision-Making Approaches Utilized by the Staff Nurses*

	Category	Frequency	Percentage
A	Analytical Decision-Making Approaches	12	17.1
B	Intuitive Interpretive Decision-Making Approaches	58	82.9

Table 2 shows the distribution of clinical decision-making approaches employed by the staff nurses, and reveals a dominant reliance on the intuitive interpretative approach. With 82.9% of respondents saying that they utilize this strategy the most. They commonly make decisions based on their own experiences, clinical judgment, and situational awareness, rather than on organized or data-driven processes.

On the other hand, 17.1% of the staff nurses use analytical decision-making methods. Before making decisions, this process typically involves systematic evaluation, evidence-based practices, and critical analysis of accessible data.

This shows that most staff nurses make decisions using their own hands-on experience and gut instincts instead of looking at statistics or data sheets. This happens because hospital work is fast-paced and requires quick, split-second judgments. However, because so few nurses use a step-by-step analytical approach, hospitals have a great opportunity to provide training and tools that help nurses combine their instincts with evidence-based facts.

Table 3 shows the distribution of the utilized clinical decision-making approaches by the staff nurses according to their profile variables.

Table 3. *Distribution of the Utilized Clinical Decision-Making Approaches by the Staff Nurses According to their Demographic Profile.*

Age	Utilized Clinical Decision -Making Approaches			
	Analytical Decision-Making Approaches		Intuitive Interpretive Decision-Making Approaches	Total
20-30	f	3	4	7
	%	4.3%	5.7%	10.0%
31-40	f	12	30	42
	%	17.1%	42.9%	60.0%
41-50	f	5	12	17
	%	7.1%	17.2%	24.3%
51 and above	f	1	3	4
	%	1.4%	4.3%	5.7%
Total	f	21	49	70
	%	29.9%	70.1%	100.0%
Sex	Utilized Clinical Decision -Making Approaches			
	Analytical Decision-Making Approaches		Intuitive Interpretive Decision-Making Approaches	Total
Male	f	10	15	25
	%	14.3%	21.4%	35.7%
Female	f	15	30	45
	%	21.4%	42.9%	64.3%
Sex	Utilized Clinical Decision -Making Approaches			
		Analytical Decision-Making Approaches	Analytical Decision-Making Approaches	Total
Total	f	25	45	70
	%	35.7%	64.3%	100.0%
Highest	Utilized Clinical Decision -Making Approaches			

Educational Attainment	Analytical Decision-Making Approaches		Intuitive Interpretive Decision-Making Approaches	Total
Bachelor's Degree	f	17	37	44
	%	24.3%	52.9%	77.2%
Postgraduate	f	5	11	26
	%	7.1%	15.7%	22.8%
Total	f	12	58	70
	%	17.1%	82.9%	100.0%
Utilized Clinical Decision -Making Approaches				
Years of Experience		Analytical Decision-Making Approaches	Intuitive Interpretive Decision-Making Approaches	Total
1-3 years	f	1	4	5
	%	1.4%	5.7%	7.1%
4-6 years	f	10	29	39
	%	14.3%	41.4%	55.7%
7-9 years	f	3	7	10
	%	4.3%	10.0%	14.3%
10 years above	f	4	12	16
	%	5.7%	17.2%	22.9%
Total	f	18	52	70
	%	25.7%	74.3%	100.0%
Utilized Clinical Decision -Making Approaches				
Work Shift		Analytical Decision-Making Approaches	Intuitive Interpretive Decision-Making Approaches	Total
AM	f	17	26	43
	%	24.3%	37.1%	61.4%
PM	f	10	17	27
	%	14.3%	24.3%	38.6%
Total	f	12	58	70
	%	38.6%	61.4%	100.0%
Utilized Clinical Decision -Making Approaches				
Area of Assignment		Analytical Decision-Making Approaches	Intuitive Interpretive Decision-Making Approaches	Total
ER	f	3	9	12
	%	4.2%	12.9%	17.1%
OR	f	1	9	10
	%	1.4%	12.9%	14.3%
DR	f	2	5	7
	%	2.9%	7.1%	10.0%
General Ward	f	3	20	23
	%	4.2%	28.7%	32.9%
Medical Ward	f	3	7	15
	%	4.2%	10.1%	14.3%
OPD	f	4	4	4
	%	5.7%	5.7%	11.4%
Total	f	16	54	70
	%	22.6%	77.4%	100.0%

Hospital	Utilized Clinical Decision -Making Approaches			
	Analytical Decision-Making Approaches		Intuitive Interpretive Decision-Making Approaches	Total
Public	f	18	22	40
	%	25.7%	31.4%	57.1%
Private	f	10	20	30
	%	14.3%	28.6%	42.9%
Total	f	12	58	70
	%	40.0%	70.0%	100.0%

Table 3 illustrates the distribution of clinical decision-making approaches utilized by staff nurses across their demographic profile. It shows that staff nurses prefer the intuitive-interpretive decision-making method. This was consistent throughout most of the demographics surveyed, including age, gender, and education.

The largest age demographic was between the age of 31 to 40 years (60.0%). Among this age group, most of the respondents utilized the intuitive style (42.9%) over the analytical style (17.1%). The same was true for the female respondents, who were the majority of the respondents (64.3%) and, of the females, the largest group also utilized the intuitive style (42.9%). The same trend was also observed with regard to the education level of the respondents. Among respondents with a Bachelor's degree, a majority also employed the intuitive-interpretive strategies (52.9%). Of the total respondents in this group, this was a majority of 77.2%. This data suggests that staff nurses rely more on their experience and the situation at hand, rather than the analytical, data-driven approach, regardless of their demographics.

The results also indicate that the reliance on the intuitive style is stronger when considering the professional variables. These included, for instance, work experience, the staff nurse's assigned shift, and their work area. More than 50% of the respondents sampled were mid-range career nurses (4 to 6 yrs. experience) and indicated a strong reliance on the intuitive style (41.4%). This reliance on the intuitive style was also true for the nurses who worked the daytime shift, with 37.1% of the staff who worked the day shift reported using the intuitive style (61.4%). When considering the work area, the nurses stationed in the General Ward were the most intuitive (28.7%). General Wards typically manage a high volume of patients and, thus, high workload, fast-paced formal clinical activities. Staff nurses located in General Wards likely are forced to rely on situational, intuitive decision-making in order to manage their day-to-day work.

The difference between public and private hospitals suggests an almost universal dependence on intuition, with a slight difference in operations. In private hospitals, intuitive decision-making is used almost twice as often as the analytical style (28.6% versus 14.3%). Contrary to private hospital, public hospital prefers the intuitive approach (31.4%), but show a higher analytical style (25.7%) compared to private hospitals. The small difference between public hospitals may be due to inflexible government adherence policies and obligatory standardized reporting. This likely causes a slight increase in the use of systematic, data-focused decision-making. Overall, irrespective of the type of hospital or the type of nurse, the data indicates that intuitive-interpretive style of decision-making is the predominant style nurses rely on for the majority of their tasks.

Differences in The Staff Nurses' Clinical Decision-Making Approaches When They Are Grouped According to Profile Variables

Age

Table 4 presents the test on significant difference on the staff nurses' clinical decision-making approaches when they are grouped according age.

Table 4. *Differences on the Clinical Decision-Making Approaches of the Staff Nurses as when they are Grouped According to their Age*

Age	Utilized Clinical Decision -Making Approaches			Total
	Analytical Decision-Making Approaches		Intuitive Interpretive Decision-Making Approaches	
20-30	f	3	4	7
	%	4.3%	5.7%	10.0%
31-40	f	12	30	42
	%	17.1%	42.9%	60.0%
41-50	f	5	12	17
	%	7.1%	17.2%	24.3%
51 and above	f	1	3	4
	%	1.4%	4.3%	5.7%
Total	f	21	49	70
	%	29.9%	70.1%	100.0%

Computed $X^2=0.654$ (df=3) (p=0.884) not significant at 0.05 level

The chi-square test for independence was conducted to explore whether staff nurses of different age groups utilize clinical decision-making approaches differently.

Specifically, it examined whether age affected how staff nurses utilize analytical versus intuitive interpretive approaches. The outcome ($\chi^2(3)=0.654$, p=0.884) demonstrates that there is no significant difference in the clinical decision-making approaches of staff nurses as to age groups. The p-value is substantially higher than the 0.05 significance level, thus the null hypothesis is accepted. This means that age does not affect the clinical-decision making approaches of staff nurses.

This data suggests that staff nurses employed comparable decision-making strategies, irrespective of their age. The decision-making approaches remain similar among staff nurses, regardless of whether they are in their 20s or beyond 50. This consistency may stem from standardized managerial procedures, uniform communication methods, or standard clinical guidelines throughout the institution that dictate how staff nurses make and exhibit clinical judgments.

Sex

Table 5 presents the test on significant difference on the staff nurses' clinical decision making approaches when they are grouped according sex.

Table 5. *Differences on the Clinical Decision-Making Approaches of the Staff Nurses when they are Grouped According to their Sex*

Sex	Utilized Clinical Decision -Making Approaches			Total
	Analytical Decision-Making Approaches		Intuitive Interpretive Decision-Making Approaches	
Male	f	10	15	25
	%	14.3%	21.4%	35.7%
Female	f	15	30	45
	%	21.4%	42.9%	64.3%
Total	f	25	45	70
	%	35.7%	64.3%	100.0%

Computed $X^2 = 2.759$ (df=1) (p=0.097) not significant at 0.05 level

A chi-square test for independence was conducted to know if there is a significant difference on the utilized clinical decision-making approaches by staff nurses when they are grouped according to sex.

The test result ($\chi^2(1)=2.759$ and p=0.097) shows that there is no significant difference in how male and female staff nurses utilize decision-making approaches at the 0.05 level of significance. The p-value of

0.097 is above the threshold, indicating that any observed difference is likely due to random variation rather than a sex-related influence on the decision-making approaches. Consequently, the null hypothesis is accepted, indicating that sex does not substantially affect staff nurses' decision-making strategies.

These data suggest that staff nurses exhibit consistent clinical decision-making habits, irrespective of their sex. This indicates a degree of consistency in leadership style or communication that surpasses gender dynamics within the workplace. Although intuitive interpretative decision-making is widely recognized, the lack of significant differences suggests that both male and female staff nurses are viewed similarly, hence encouraging fair management practices in clinical environments.

Highest Educational Attainment

Table 6 presents the test on significant difference on the staff nurses' clinical decision-making approaches when they are grouped according to their highest educational attainment.

Table 6. *Differences on the Clinical Decision-Making Approaches of the Staff Nurses as when they are Grouped According to their Highest Educational Attainment*

Highest Educational Attainment	Utilized Clinical Decision -Making Approaches		
	Analytical Decision-Making Approaches	Intuitive Interpretive Decision-Making Approaches	Total
Bachelor's Degree	f 17	37	44
	% 24.3%	52.9%	77.2%
Post Graduate	f 5	11	26
	% 7.1%	15.7%	22.8%
Total	f 12	58	70
	% 17.1%	82.9%	100.0%

Computed $X^2 = 0.127$ (df=1) (p=0.0.722) not significant at 0.05 level

The chi-square test for independence aimed to determine whether the staff nurses' clinical decision-making approaches differed significantly based on their highest educational attainment. The two categories considered were those with a bachelor's degree and those with postgraduate education.

The result, $\chi^2(1) = 0.127$ with a p-value of 0.722, signifies the absence of a significant difference in the staff nurses' utilization of analytical versus intuitive interpretive decision-making processes according to their highest educational attainment. The null hypothesis is accepted since the p-value is substantially higher than the significance level of 0.05.

This result indicates that, regardless of their educational level, staff nurses utilize the decision-making approaches in a comparable manner. Irrespective of whether a staff nurse possesses a bachelor's degree or a postgraduate degree, their utilization of the analytical or intuitive strategies remain consistent. This uniformity may suggest that staff nurses exhibit a consistent decision-making behavior seen across diverse educational backgrounds, or that educational level does not affect staff perceptions of decision-making conduct in clinical practice.

Years of Experience

Table 7 presents the test on significant difference on the staff nurses clinical decision-making approaches when they are grouped according to years of experience.

Table 7. *Differences on the Clinical Decision-Making Approaches of the Staff Nurses when they are Grouped According to their Years of Experience*

Utilized Clinical Decision -Making Approaches	
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Years of Experience		Analytical Decision-Making Approaches	Intuitive Interpretive Decision-Making Approaches	Total
1-3 years	f	1	4	5
	%	1.4%	5.7%	7.1%
4-6 years	f	10	29	39
	%	14.3%	41.4%	55.7%
7-9 years	f	3	7	10
	%	4.3%	10.0%	14.3%
10 years above	f	4	12	16
	%	5.7%	17.2%	22.9%
Total	f	18	52	70
	%	25.7%	74.3%	100.0%

Computed $X^2 = 0.610$ (df = 2) (p=0.737) not significant at 0.05 level

The chi-square test for independence was conducted to determine whether there are significant differences in how staff nurses utilize clinical decision-making approaches when grouped according to their years of experience.

The results showed a χ^2 value of 0.610 and a p-value of 0.737, which is far higher than the level of significance of 0.05. This indicates that there is no significant on the staff nurses' utilization of analytical or intuitive interpretive decision-making approaches based on their years of experience. Consequently, the null hypothesis is accepted, signifying that experience level does not affect the utilization of decision-making approaches.

In all experience levels, the majority of staff nurses used intuitive interpretive methods more often than analytical ones. This view is still the most common one, no matter how long the staff nurse has been working, whether it's 1–3 years or more than 10 years. The consistent preference for intuitive interpretive decision-making indicates that this methodology may be more prominent or highlighted within the clinical setting, or it may signify a more extensive organizational culture where prompt, experience-driven decisions are frequently observed and anticipated in practice.

These findings suggest that staff nurses, irrespective of their expertise, utilize decision-making methods similarly. This consistency helps nursing teams understand one other better, which could cut down on miscommunication and make the workplace more cohesive.

Work Shift

Table 8 illustrates the test on significant difference on the staff nurses' clinical decision-making approaches when they are grouped according to work shift.

Table 8. *Differences on the Clinical Decision-Making Approaches of the Staff Nurses when they are Grouped According to their Work Shift*

Utilized Clinical Decision -Making Approaches				
Work Shift		Analytical Decision-Making Approaches	Intuitive Interpretive Decision-Making Approaches	Total
AM	f	17	26	43
	%	24.3%	37.1%	61.4%
PM	f	10	17	27
	%	14.3%	24.3%	38.6%
Total	f	12	58	70
	%	38.6%	61.4%	100.0%

Computed $X^2 = 2.387$ (df = 1) (p=0.122) not significance at 0.05 level

The chi-square test for independence was conducted to determine whether staff nurses' clinical decision-making approaches differ according to work shift (AM or PM).

The computed result, $\chi^2(1) = 2.387$ with a p-value of 0.122, signifies that there exists no significant difference between AM and PM shift nurses whether staff nurses employ analytical or intuitive interpretive approaches. Because the p-value is higher than the 0.05 significance level, the null hypothesis is accepted. This means that work shift does not have a significant impact on staff nurses' utilization of the decision-making approaches.

These findings imply that staff nurses should uphold a uniform decision-making approach throughout several shifts, potentially enhancing continuity of care and promoting team unity. This consistency in how staff nurses act makes patient care more coordinated. However, even though intuitive decision-making seems to be the most common method, training programs could also stress the growth and use of analytical decision-making when it's needed, especially in complicated or high-stakes clinical situations where evidence-based strategies are needed.

Area of Assignment

Table 9 presents the test on significant difference on the staff nurses' clinical decision making approaches when they are grouped according to area of assignment.

Table 9. *Differences on the Clinical Decision-Making Approaches of the Staff Nurses when they are Grouped According to their Area of Assignment*

Area of Assignment	Utilized Clinical Decision -Making Approaches			Total
	Analytical Decision-Making Approaches		Intuitive Interpretive Decision-Making Approaches	
ER	f	3	9	12
	%	4.2%	12.9%	17.1%
OR	f	1	9	10
	%	1.4%	12.9%	14.3%
DR	f	2	5	7
	%	2.9%	7.1%	10.0%
General Ward	f	3	20	23
	%	4.2%	28.7%	32.9%
Medical Ward	f	3	7	15
	%	4.2%	10.1%	14.3%
OPD	f	4	4	4
	%	5.7%	5.7%	11.4%
Total	f	16	54	70
	%	22.6%	77.4%	100.0%

Computed $X^2 = 3.164$ (df = 5) (p=0.675) not significance at 0.05 level

Table 9 shows the differences in how staff nurses make clinical decisions, based on their area of assignment. The table shows the difference between two forms of decision-making, analytical and intuitive interpretative.

The chi-square test ($X^2(5) = 3.164$, df = 5, p = 0.675) shows that there is no significant difference in the ways that staff nurses make clinical decisions in different areas of assignment. The p-value of 0.675 is far higher than the usual significance level of 0.05. This indicates that the type of clinical unit does not significantly affect staff nurses' decision-making.

This implies that staff nurses rely more on intuitive and interpretive skills than on analytical methods, regardless of the area in which they work. Although some areas, such as the General Ward and ER, have a greater prevalence of intuitive interpretative decision-making, the absence of statistical significance indicates that these variations are insufficient to assert that the clinical area influences decision-making style. This research suggests a potentially uniform trend of intuitive decision-making among staff

nurses' area of assignment, which may indicate general cultural or organizational standards in clinical practice.

Hospital Affiliation

Table 10 demonstrates the test on significant difference on the staff nurses' clinical decision-making approaches when they are grouped according to hospital affiliation.

Table 10. *Differences on the Clinical Decision-Making Approaches of Nurse Managers when they are Grouped According to their Hospital Affiliation*

Hospital	Utilized Clinical Decision -Making Approaches			Total
	Analytical Decision-Making Approaches	Intuitive Interpretive Decision-Making Approaches		
Public	f	18	22	40
	%	25.7%	31.4%	57.1%
Private	f	10	20	30
	%	14.3%	28.6%	42.9%
Total	f	12	58	70
	%	40.0%	70.0%	100.0%

Computed $X^2 = 0.161$ (df = 1) (p=0.688) not significant at 0.05 level

Table 10 shows how staff nurses utilize clinical decision-making approaches, depending on whether the hospital is public or private. In both types of hospitals, staff nurses are more often thought to employ intuitive interpretive decision-making methods than analytical ones.

A chi-square test ($\chi^2 = 0.161$, df = 1, p = 0.688) demonstrates that there is no significant difference in how staff nurses make decisions between public and private hospitals. The p-value is higher than 0.05, which means that the differences in frequency that were seen are not statistically significant. This indicates that the nature of hospital affiliation does not substantially affect the decision-making processes of staff nurses.

Whereas staff nurses in both public and private employ intuitive interpretative decision-making more often, the differences between the two settings are not statistically significant. This suggests a typical pattern or culture of decision-making across various hospital affiliations. The results may indicate more general professional standards in nursing practice that go outside the workplace, such as the focus on clinical expertise, quick judgment, and being able to respond to different situations, which are all traits of intuitive decision-making.

Proposed Measures to Enhance Clinical Decision-Making Abilities of Staff Nurses

Table 11. *Focus Areas and Proposed Measures to Enhance Staff Nurses' Decision-Making Abilities*

Focus Area	Proposed Measures	Rationale based on Results
Integrating Intuitive Expertise with Data-Driven Protocols	-Implement Mobile Point-of-Care Clinical Decision Support Systems (CDSS) such as digital checklists, instant drug-interaction guides, and automated triage algorithms—directly onto ward tablets or smartphones. -Integrate standardized Evidence Based Practice (EBP) flowcharts into the hospital's Electronic Health Record (EHR)	Results show that 82.9% of nurses rely on intuition, while only 17.1% use analytical methods. This massive imbalance suggests that data-driven protocols are heavily underutilized. Introducing user-friendly, digital Clinical Decision Support Systems (CDSS) will allow nurses to maintain their rapid pace while backing up their

	system to prompt structured data evaluation during shift assessments.	gut instincts with hard, evidence-based metrics.
Uniform, Organization-Wide Decision-Making Development Programs	-Design and mandate Uniform Simulation-Based Training (SBT) Modules that focus heavily on analytical case studies, objective data analysis, and systematic evaluation. -Establish a hospital-wide "Analytical Champion" Mentorship Program where nurses regardless of age are trained together to lead peer reviews of complex clinical cases using structured data matrices.	The Chi-square analysis comparing decision-making styles across age groups was not significant (), proving that age has no effect on how nurses make choices. Because nurses from age 20 to over 51 share the exact same reliance on intuition, hospital leadership does not need to create different training for different generations. A single, unified development program will effectively serve the entire workforce.
Universal Interventions Across Varying Work Environments	-Conduct structured "Data-Driven Huddles" at the start of high-volume shifts (specifically morning/AM shifts) where nurse managers explicitly highlight critical patient data points, lab trends, and objective metrics for the day. -Deploy Dedicated Clinical Resource Nurses (CRNs) to high-concentration areas like the General Ward to act as real-time analytical consultants.	The intuitive approach was highest among morning shift (37.1%) and General Ward (28.7%) nurses. These busy, fast-paced environments naturally pressure staff to rely on quick instincts rather than slow analysis. Adding quick data huddles and analytical consultants directly into these high-pressure areas protects patient safety without slowing down care.

CONCLUSION

Drawing from the presented findings, the following well-supported conclusions can be made:

The demographic and professional characteristics of the staff nurses indicate that they are highly educated, experienced, and represent a diverse workforce, which significantly influences their clinical decision-making approaches.

Staff nurses demonstrate an overwhelming reliance on intuitive-interpretive approaches over systematic, data-driven methods, drawing primarily on their personal clinical experience and situational judgment to guide immediate patient care. This implies that healthcare institutions need to implement accessible support tools and trainings that integrate evidence-based protocols into fast-paced workflows without disrupting natural nursing instincts.

There are no significant differences on the staff nurses' clinical decision-making approaches when they are grouped according to age, sex, years of experience, work shift, area of assignment, and hospital affiliation. This implies that the preference for experiential intuition over data-driven analysis is rooted in

a shared, industry-wide nursing culture, meaning that future educational interventions and administrative support tools can be uniformly applied across all shifts, generations, and hospital departments.

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